PTO/SB/17 (10-08)
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Effective on 12/0	Complete if Known							
Fees pursuant to the Consolidated Appr	, lobitographi i i i i i i i i i i i i i i i i i i		0/575,776-Conf. #3792					
FEE TRANSMITTAL			1 111113		April 13, 2006			
For FY 2009			THOUTHAINGE WITCHES		Masahiro YOSHIOKA			
	Examiner Name H.		H. J. Pak					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1796					
TOTAL AMOUNT OF PAYMENT	OUNT OF PAYMENT (\$) 52.00			No. 0	0760-0353PUS1			
METHOD OF PAYMENT (chec	ck all that apply)							
Check Credit Card	Money Order	Non	ne Other (please identify)):			
x Deposit Account Deposit Accou	it Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified de	posit account, the D	irector is	s hereby authorize	ed to: (check	all that apply)			
x Charge fee(s) indicat	•				cated below, ex	cept for t	he filing fee	
X Charge any additional fee(s) or underpayments of X Credit any overpayments								
fee(s) under 37 CFR	1.16 and 1.17							
1. BASIC FILING, SEARCH, AND	EXAMINATION FEI	FS						
·	FILING FEES		ARCH FEES	EXAMINA	ATION FEES			
	Small Entity	F (0	Small Entity	F (A)	Small Entity	F	Daid (A)	
Application Type Fee		Fee (\$		Fee (\$)	Fee (\$)	rees	Paid (\$)	
Utility 33		540	270	220	110			
Design 22		100	50	140	70			
Plant 22		330	165	170	85			
Reissue 33	0 165	540	270	650	325			
Provisional 22	.0 110	0	0	0	0			
2. EXCESS CLAIM FEES						- (4)	Small Entity	
<u>Fee Description</u> Each claim over 20 (including Rei				Fee (\$) 52	<u>Fee (\$)</u> 26			
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims Extra Clai	ms Fee (\$)	Fee Paid (\$)		<u>Μι</u>	Multiple Depend		<u>s</u>	
24 - 23 = 1	x 52.00 =		52.00		Fee (\$) Fee Paid (\$)		<u>\$)</u>	
HP = highest number of total claims paid	for, if greater than 20.							
Indep. Claims Extra Clai		F	ee Paid (\$)					
2 - 3 = HP = highest number of independent clai	ms paid for, if greater tha	 ın 3.						
3. APPLICATION SIZE FEE If the specification and drawings listings under 37 CFR 1.52(e) sheets or fraction thereof. See	exceed 100 sheets on the application size	of paper ze fee di	ie is \$270 (\$135 f				60	
Total Sheets Extra She			additional 50 or frac	ction thereof	Fee (\$)	Fee	Paid (\$)	
- 100 =	/50 =		(round up to a who	ole number) >		=		
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$	130 fee (no small en	tity disc	count)					
Other (e.g., late filing surcharg	e):					<u> </u>		
SUBMITTED BY								
Signature			Registration No. (Attorney/Agent)	32,868	Telephone	(703) 20)5-8000	
Name (Print/Type) Andrew D. Meikle					Date	July 29, 2009		